

NATIONAL POLLUTANT DISCHARGE ELIMINATION
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-R0073

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(2-3) ST	(4-16) PERMIT NUMBER	(17-19) DIS	(17-19) SIC	(20-21) LATITUDE	(20-21) LONGITUDE
REPORTING PERIOD: FROM		(22-23) YEAR	(22-23) MO	(22-23) DAY	TO
		(26-27) YEAR	(26-27) MO	(26-27) DAY	

(32-37) PARAMETER		(3 card only) QUANTITY (38-45)					(4 card only) CONCENTRATION (46-53)					(54-61) FREQUENCY OF ANALYSIS	(62-63) SAMPLE TYPE
		(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	(62-63) UNITS	(62-63) NO. EX	(46-53) MINIMUM	(46-53) AVERAGE	(46-53) MAXIMUM	(46-53) UNITS	(46-53) NO. EX		
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NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				